

SERFF Tracking Number:	ASPX-125550913	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	CM AR02940ARR01		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Blanket Mortgage Security (BLIP)		
Project Name/Number:	Blanket Mortgage Security (BLIP)/CM AR02940ARR01		

Filing at a Glance

Company: American Reliable Insurance Company

Product Name: Blanket Mortgage Security (BLIP) SERFF Tr Num: ASPX-125550913 State: Arkansas

TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: CM AR02940ARR01	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 03/21/2008
	Date Submitted: 03/17/2008	Disposition Status: Filed
Effective Date Requested (New):		Effective Date (New): 04/30/2008
Effective Date Requested (Renewal): 04/30/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Blanket Mortgage Security (BLIP)
Project Number: CM AR02940ARR01
Reference Organization:
Reference Title:
Filing Status Changed: 03/21/2008
State Status Changed: 03/20/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:

The above referenced program is approved in your state. At this time, we wish to file the following for your review and subsequent approval.

We have revised manual page AR-BM-AR-2 3/08 to show the addition of a new terrorism endorsement, AR9852EQQ-0308 and the addition of the revised terrorism notice, N8051-0108, which replaces N8076-0306, to the forms list under mandatory endorsements and notices.

<i>SERFF Tracking Number:</i>	<i>ASPX-125550913</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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<i>Project Name/Number:</i>	<i>Blanket Mortgage Security (BLIP)/CM AR02940ARR01</i>		

These forms have been submitted to your state under separate cover.

We request an effective date of on or after April 30, 2008.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please feel free to contact me at the numbers or email address shown below.

Company and Contact

Filing Contact Information

Debbie Flowers, Contract Compliance Analyst
 260 Interstate N. Circle NW (770) 463-1000 [Phone]
 Atlanta, GA 33039 (770) 859-4403[FAX]

Filing Company Information

American Reliable Insurance Company	CoCode: 19615	State of Domicile: Arizona
11222 Quail Roost Dr	Group Code: 19	Company Type:
Miami, FL 33157	Group Name: Assurant, Inc. Group	State ID Number:
(305) 253-2244 ext. [Phone]	FEIN Number: 41-0735002	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Reliable Insurance Company	\$25.00	03/17/2008	18712686

<i>SERFF Tracking Number:</i>	<i>ASPX-125550913</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	03/21/2008	03/21/2008

<i>SERFF Tracking Number:</i>	<i>ASPX-125550913</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 03/21/2008

Effective Date (New): 04/30/2008

Effective Date (Renewal):

Status: Filed

Comment:

This line is exempt from filing rates/rules in compliance with ACA 23-67-206 which states that P&C insurance for commercial risks, excluding workers' compensation, employers' liability and professional liability insurance, including but not limited to, medical malpractice insurance, are exempted from the rate/rules filing and review requirements.

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASPX-125550913	State:	Arkansas
Filing Company:	American Reliable Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	CM AR02940ARR01		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Blanket Mortgage Security (BLIP)		
Project Name/Number:	Blanket Mortgage Security (BLIP)/CM AR02940ARR01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Expedited Terrorism Transmittal Form	Accepted for Informational Purposes	Yes
Supporting Document	P&C Transmittal Document	Accepted for Informational Purposes	Yes
Supporting Document	P&C Rate/Rule Filing Schedule	Accepted for Informational Purposes	Yes
Rate	State Exception Page	Accepted for Informational Purposes	Yes

<i>SERFF Tracking Number:</i>	<i>ASPX-125550913</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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Rate Information

Rate data does NOT apply to filing.

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<i>Filing Company:</i>	<i>American Reliable Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	State Exception Page	AR#BM#AR-	Replacement	AR#BM#AR-.PDF

AMERICAN RELIABLE INSURANCE COMPANY

Blanket Mortgage Security Program

Arkansas

I. Applicable Forms:

A. Blanket Mortgage Coverage Policy	AR6001PQQ-0190
B. Residential Property Endorsement.....	AR6002PQQ-0190
C. Commercial Property Endorsement	AR6003PQQ-0190
D. Demolition and Foreclosure Endorsement	AR6005EQQ-1288
E. Concurrent Causation Endorsement	AR6006EQQ-1288
F. Pollution Exclusion Endorsement.....	AR6034EQQ-0190
G. Automatic Coverage Endorsement	AR6009EQQ-1288
H. Contingent Coverage Policy.....	AR6011PQQ-0989
I. Commercial Business Property Endorsement	AR6012EQQ-1288

II. Mandatory Endorsements and Notices:

A. Mandatory Endorsement.....	AR6028EQQ-0490
B. Cancellation Endorsement.....	AR6029EQQ-0390
C. Amendatory Endorsement	AR6044EQQ-0291
D. Consumer Notice.....	N1876-1104
E. Certified Acts of Terrorism Coverage and Cap On Certified Acts Losses Endorsement	AR9852EQQ-0308
F. Notice of Terrorism Insurance Coverage.....	N8051-0108

III. Optional Endorsements:

A. Declarations	AR6043DQQ-0291
B. Amendatory Endorsement (dual interest)	AR6040EXX-1190
C. Second Mortgage Endorsement.....	AR6058EQQ-0892

SERFF Tracking Number: ASPX-125550913 State: Arkansas
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Product Name: Blanket Mortgage Security (BLIP)
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Supporting Document Schedules

Satisfied -Name:	Expedited Terrorism Transmittal Form	Review Status:	Accepted for Informational Purposes	03/21/2008
Comments:	Expedited Terrorism Transmittal			
Attachment:	Expedited Terrorism Transmittal Form.PDF			
Satisfied -Name:	P&C Transmittal Document	Review Status:	Accepted for Informational Purposes	03/21/2008
Comments:	P&C NAIC Transmittal			
Attachment:	P&C Transmittal Document.PDF			
Satisfied -Name:	P&C Rate/Rule Filing Schedule	Review Status:	Accepted for Informational Purposes	03/21/2008
Comments:	P&C Rate/Rule Filing Schedule			
Attachment:	P&C Rate_Rule Filing Schedule.PDF			

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
American Reliable Insurance Company	AZ	0019-19615	41-0735002

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Debbie Flowers - Contract Compliance Analyst 260 Interstate N. Circle SE Atlanta GA 33039	770-763-1547	770-859-4296	Debbie.flowers@assurant.com

Filing information

Line of Insurance (see attachment)	Commercial Inland Marine
Company Program Title (Marketing title) (if applicable)	Blanket Mortgage Security (BLIP)
Filing Type ** see note below	Rule
This application is used with:	
Effective Date Requested	On or After April 30, 2008
Filing date	March 17, 2008
Company Tracking Number	CM AR02940ARR01
Date filing approved in domiciliary state, if applicable	Not Filed Yet

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	State Exception Page	AR-BM-AR-2 03/08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	AR-BM-AR-2 02/91	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Debbie Flowers
Print Name

Contract Compliance Analyst
Title

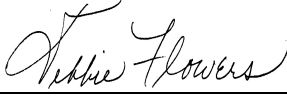
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Assurant, Inc. Group				Group NAIC #	0019
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
American Reliable Insurance Company	AZ	19615	41-0735002			

5. Company Tracking Number	CM AR02940ARR01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Debbie Flowers 260 Interstate N. Circle SE Atlanta GA 33039	Contract Compliance Analyst	770-763-1547	770-859-4296	Debbie.flowers@assurant.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Debbie Flowers			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine			
10. Sub-Type of Insurance (Sub-TOI)	09.0005 Other Commercial Inland Marine			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Blanket Mortgage Security Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	On or After April 30, 2008	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	March 17, 2008			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CM AR02940ARR01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The above referenced program is approved in your state. At this time, we wish to file the following for your review and subsequent approval.

We have revised manual page AR-BM-AR-2 3/08 to show the addition of a new terrorism endorsement, AR9852EQQ-0308 and the addition of the revised terrorism notice, N8051-0108, which replaces N8076-0306, to the forms list under mandatory endorsements and notices.

These forms have been submitted to your state under separate cover.

We request an effective date of on or after April 30, 2008.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please feel free to contact me at the numbers or email address shown below.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: N/A Amount: \$25.00 </div> <div style="margin-bottom: 10px;"> Submitting filing fee via EFT </div> <div style="margin-top: 20px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CM AR02940ARR01
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CM AR02940ARF01
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
American Reliable Insurance Company	N/A	0	0	0	0	0	0

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholder affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	AR-BM-AR-2 03/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	